



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

(CFA-11)

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

2

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

| | | | |
|--|--------------------|--|---|
| 1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name Paula Suzanne Hughes | | 2. Committee Telephone Number (260) 446-8453 | |
| 3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address PO Box 9403 | | | |
| 4. City Fort Wayne | State IN | ZIP Code 46899 | 5. Party Affiliation or If Independent Candidate Republican |
| 6. Office Sought (include district number, if any. Not required for exploratory committee.) Mayor - Fort Wayne | | 7. County of Residence Allen | |
| 8. Reporting Period: From: 4/22/11 Through: 4/22/11 | | | |

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

| Classification | CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED |
|----------------|--|--|---------------------------------------|----------------------------|
| | | | | RECEIVED BY |
| INDV | 1. John Edwards 11022 Wrentham Lane Fort Wayne, IN 46814 Contributor's Occupation (if applicable) Executive VP | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | \$3,000 | 4-22-11 John Miller |
| CORP | 2. Carefirst of Fort Wayne 3204 Congression Pkwy Fort Wayne, IN 46808 Contributor's Occupation (if applicable) | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | \$1,000 | 4-22-11 John Miller |
| | 3. | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | | |

CLERK ALLEN CIRCUIT AND SUPERIOR COURTS

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| | | |
|--|---------------------------|---|
| Signature of Treasurer | Title TREASURER | Date 4-22-11 |
| Signature of Candidate (if applicable) | | Date (Month/Day/Year) 4.22.11 |

FOR OFFICE USE ONLY

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)



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COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) Check if this is a new name
 Paula Suzanne Hughes
 2. Committee Telephone Number
 (260) 446-8453

3. Mailing Address (include street, city, state, and ZIP Code) Check if this is a new address
 PO Box 9403

4. City: Fort Wayne State: IN ZIP Code: 46899
 5. Party Affiliation or If Independent Candidate
 Republican

6. Office Sought (include district number if any not required for Exemptory committee)
 Mayor - Fort Wayne
 7. County of Residence
 Allen

8. Reporting Period:
 From: 4/22/11 Through: 4/22/11

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street number, city, state, ZIP Code) | | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT OF CONTRIBUTION | DATE RECEIVED RECEIVED BY |
|--|--|--|---------------------------------------|------------------------------|
| Classification: INDV 1. R. Bruce Dye 1425 Sycamore Hills Pkwy Fort Wayne, IN 46814 Contributor's Occupation (if applicable): CEO | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | \$5,000 | 4-22-11 John Miller | |
| Classification: PAC 2. Indiana Merit Construction PAC of ABC 5001 Shadeland Avenue Indianapolis, IN 46226 Contributor's Occupation (if applicable): | Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | \$1,000 | 4-22-11 John Miller | |
| Classification: 3. Contributor's Occupation (if applicable): | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) | | | |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer _____ Title _____ Date (MM-DD-YY) _____

Signature of Candidate (if applicable) _____ Date (MM-DD-YY) _____

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AND SUPERIOR COURTS
 INDIANA OFFICE USE ONLY
 USBETH A. BOGEMANN
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 ELECTION BOARD